

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/525,985		Filing Date 15 September, 2005		<input type="checkbox"/> To be Mailed					
				Applicant(s) LINTNER, KARL						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 10/16/2007		* 10/16/2007			* 10/16/2007		* 10/16/2007	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1					-	51		-					
2					-	52		-					
3					-	53		-					
4					-	54		-					
5					-	55		-					
6					-	56		-					
7					-	57		-					
8					-	58		-					
9					-	59		-					
10					-	60		-					
11					-	61		-					
12					-	62		-					
13					-	63		-					
14					-	64		-					
15					-	65		-					
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35					-	85							
36					-	86							
37					1	87							
38					1	88							
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41					-	91							
42					2	92							
43					2	93							
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45					2	95							
46					-	96							
47					-	97							
48					-	98							
49					-	99							
50					-	100							
Total Indep					2		Total Indep						
Total Depend						8	Total Depend						
Total Claims						10	Total Claims						

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